

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/942835

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1				51						
2							52						
3							53						
4							54						
5							55						
6							56						
7			1				57						
8				1			58						
9							59						
10				1			60						
11			1				61						
12							62						
13				1			63						
14				1			64						
15				1			65						
16			1				66						
17			1				67						
18			1				68						
19							69						
20			1				70						
21				①			71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31				1			81						
32				1			82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			7				TOTAL IND.						
TOTAL DEP.			10				TOTAL DEP.						
TOTAL CLAIMS			17				TOTAL CLAIMS						